

Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59601-6339 (406) 444-3834 (406) 444-0629	MONTANA UNEMPLOYMENT INSURANCE ELECTRONIC MEDIA REPORTING APPLICATION	
Employer Business Name or Agent's Name	UI Account No.	
Address: (No., Street)		
City, State and Zip Code		
If reporting for multiple employers, number of employers:	Report information is: Wage information <u>only</u> <input type="checkbox"/> Wage and Tax information <input type="checkbox"/>	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Diskette <input type="checkbox"/> Modem <input type="checkbox"/> Cartridges <input type="checkbox"/> Reel-to-Reel Tapes </div> <p>For <u>Diskettes</u>, check on each line:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Diskette Size: Density: </div> <div style="width: 45%;"> <input type="checkbox"/> 3 ½" <input type="checkbox"/> High Density </div> <div style="width: 45%;"> <input type="checkbox"/> 5 ¼" <input type="checkbox"/> Low Density </div> </div> <p>For <u>Cartridges</u>, check one on each line:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Cartridge Size: Tape Drive Size: Compression: </div> <div style="width: 45%;"> <input type="checkbox"/> 3480 <input type="checkbox"/> 3480 <input type="checkbox"/> Compressed <input type="checkbox"/> EBDIC <input type="checkbox"/> Standard Labels </div> <div style="width: 45%;"> <input type="checkbox"/> 3490 <input type="checkbox"/> Non-Compressed <input type="checkbox"/> ASCII <input type="checkbox"/> Unlabeled </div> </div> <p>For <u>Reel-to-Reel Tapes</u>, check one on each line:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9 Track Tape Size: Recording Code: Labels: </div> <div style="width: 45%;"> <input type="checkbox"/> 1600 BPI <input type="checkbox"/> EBDIC <input type="checkbox"/> Standard Labels </div> <div style="width: 45%;"> <input type="checkbox"/> 6250 BPI <input type="checkbox"/> ASCII <input type="checkbox"/> Unlabeled </div> </div>		
For PAYROLL Information, contact: (Name)	Title	Phone No.
For TECHNICAL Information, contact: (Name)	Title	Phone No.
<p><i>I am requesting approval to report employee wage and/or employer tax information on diskette, modem, cartridge, or reel-to-reel tape. I am enclosing a test copy clearly marked "FOR TEST PURPOSES ONLY".</i></p> <p>Employer Signature: _____</p> <p>Title: _____ Date: _____</p> <p style="text-align: center;">Please allow three months for testing.</p>		
FOR AGENCY USE ONLY <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied </div> <p>Reason: _____</p> <p>Signature: _____ Date: _____</p>		